

GENERAL POWER OF ATTORNEY
FOR CARE AND CUSTODY OF A MINOR CHILD

STATE OF MISSISSIPPI
COUNTY OF DESOTO _____

KNOW ALL MEN BY THESE PRESENT:

That I, LESLIE FRIDAY, the an adult resident citizen of DeSoto County, Mississippi, and the parent of PIPER JADE FRIDAY ("the minor child") have made, constituted and appointed, and by these presents do make, constitute and appoint FRANK FRIDAY, my true and lawful attorney-in-fact to act to act in my name, stead and to do any deeds and acts, execute any documents, or to otherwise perform any action that I could perform on behalf of the minor child relating to the care and custody of the minor child, including but not necessarily limited to:

- (A) To participate in decisions involving the minor child's education, including attending conferences with the minor child's teachers or any other educational authorities, granting permission for the children to attend school trips and other related activities, and making any other decisions and executing any documents relating to education.
- (B) To grant permission for the minor child to participate in any group, association, or organization that the attorney-in-fact may consider appropriate.
- (C) To make health care decision on behalf of the minor child, including making decisions relating to the minor child's health, medical or dental care, whether routine or emergency in nature, including admissions to hospitals or other institutions; to consent to, to refuse to consent to, or withdraw consent to the provision of any care, tests, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition including the right to sign any such medical forms as may be necessary to carry out such decisions; to talk to health care personnel who may be treating the minor child, and to examine the minor child's medical records and to consent to the disclosure of any said medical records as my attorney-in-fact may deem

Prepared

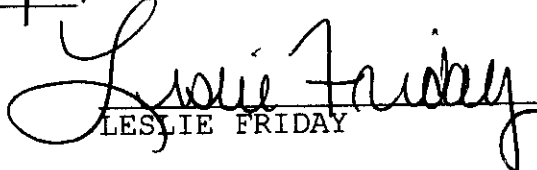
appropriate; to file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which the minor child may be insured, provided, however, that the attorney-in-fact shall not be obligated to execute any documents which would involve incurring any liability for any such treatment and care, and the undersigned understands that the attorney-in-fact will not be responsible for payment for any such care or treatment obtained by the attorney-in-fact which is not covered by an insurance or health care policy.

- (D) To generally do and perform any action or execute any document as may be necessary to effectuate all powers granted under this instrument with the same power and validity as the undersigned could if she were personally present.
- (E) SPECIFICALLY EXCLUDED FROM THE AUTHORITY AND POWERS GRANTED BY THIS INSTRUMENT IS THE POWER AND AUTHORITY TO CONSENT TO THE MARRIAGE OR ADOPTION OF THE MINOR CHILD.
- (F) **GENERAL GRANT OF POWER AND AUTHORITY** Subject to any limitation as set forth in this directive, my attorney-in-fact has the power and authority to do the following: (1) Request and Review any document, or any other information, verbal or written, relating to the minor child's physical or mental health, including, but not limited to medical and hospital records (2) Execute on my behalf any releases or other documents to obtain this information (3) Consent to the disclosure of this information.
- (G) **HIPAA RELEASE AUTHORITY** My attorney-in-fact shall be treated as I would be regarding the use and disclosure of the minor child's individually identifiable medical records or other health information. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996. I hereby authorize all health care providers, physicians, hospitals, clinics and instructions, medical facilities, mental health clinics, mental health hospitals, pharmacies, educational facilities, former and present employers, and Social Security Administration Disability Determination Services, The Internal Revenue Service and Department of Workers' Claims, to release all existing medical records and information regarding my medical care, treatment, physical/mental condition, and medical expenses revealed by your observation or treatment, past, present and future, as well as all

educational and employment records to as a result of any such treatment. The authority granted to my attorney-in-fact has no expiration date and shall only expire when expressly revoked by me.

The powers granted herein to this attorney-in-fact shall remain in full force and effect until expressly revoked by me, and any individual dealing with the attorney-in-fact herein shall be fully protected and is hereby discharged, released and indemnified in doing so in respect to any matter relating hereto unless such party shall have received prior notice of the revocation of this Power of Attorney. This power of attorney should normally be exercised in my absence, or in the event I am incapacitated and therefore incapable of making decisions relating to child custody and health care.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 21 day of January, 2010.


LESLIE FRIDAY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named LESLIE FRIDAY, who acknowledged to me that she signed, sealed and delivered the foregoing Power of Attorney on the day and year therein mentioned.

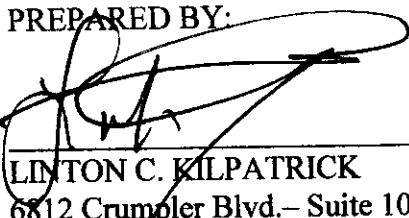
GIVEN under my hand and official seal of office, this the 21 day of January, 2010.


NOTARY PUBLIC

My Commission Expires:



PREPARED BY:

A handwritten signature in black ink, appearing to read 'L. Kilpatrick', is written over a horizontal line.

LINTON C. KILPATRICK
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